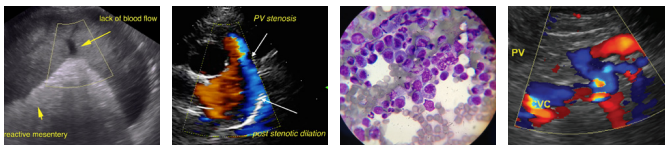

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1-800-838-4268 info@sonopath.com

PATIENT

Griswald McGill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Giuliani

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

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INVOICE

36631

DATE

3/30/22

PRESENTING CLINICAL SIGNS

Pt has been diabetic on NPH well controlled for a few years. Pt had neurologic episode at the beginning of March. Pt was hypoglycemic, insulin was decreased to 1 unit BID. Since then, pt has developed a head tilt that has progressively gotten worse and he has remained ataxic. Freestyle Libre was applied on3/22, and readings have been consistently between 200-300. Pt was very lethargic yesterday and today. No ketones present in urine today. Pt has also been losing weight with poor appetite. NSF on bw.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** were slightly enlarged and revealed mild increased cortical echogenicity. An irregular nodule was noted at the medial aspect of the right kidney with focal capsular expansion. The left kidney measured approximately 4.0 cm. The right kidney measured 5.1 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.50 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

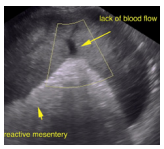
The **liver** was largely unremarkable with focal hypoechoic nodules. The gallbladder and common bile duct were unremarkable.

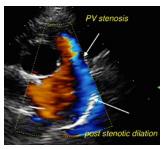
Gastrointestinal

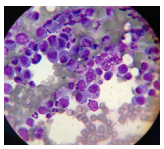
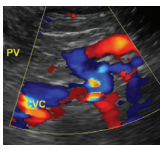
The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** was mildly heterogeneous in the left and right base. The limb was prominent, hypoechoic, and mildly enlarged at 1.2 cm.





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ULTRASONOGRAPHIC FINDINGS

- Renomegaly with slight irregular contour and cortical nodule
- Minor intestinal thickening
- Benign hepatopathy with nodular changes
- Prominent, irregular pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If weight loss is an issue, or liver enzyme elevations are present, FNA of the liver would be indicated. Suspect pancreatitis. Given the renal changes, I cannot rule out an emerging renal lymphoma in this patient, especially given the enlargement. However, renomegaly is a common presentation in diabetic cats. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Full urinary workup warranted if not already performed. Treatment for pancreatitis recommended and assessment for malassimilation of nutrients. Given the CNS signs, CT with contrast of the brain recommended in case of underlying CNS neoplasia.

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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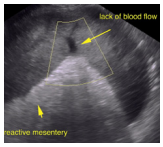

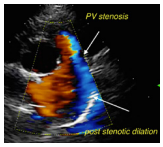

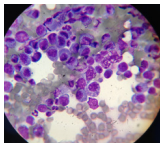
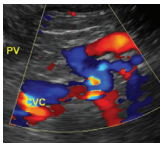

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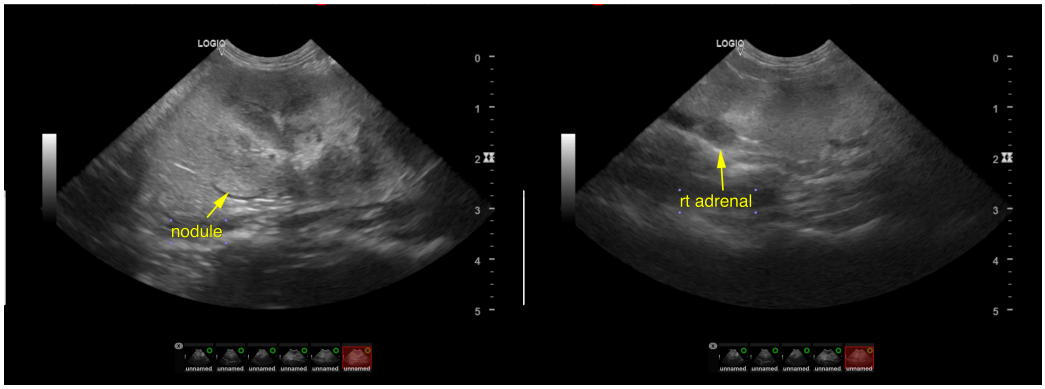

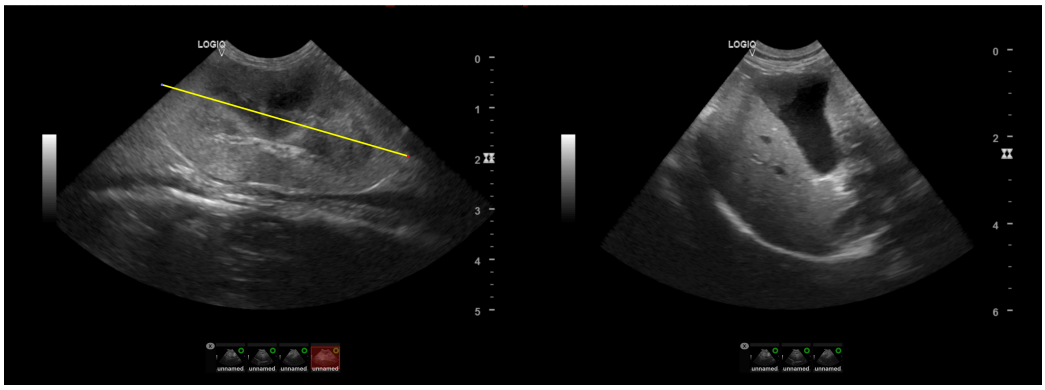

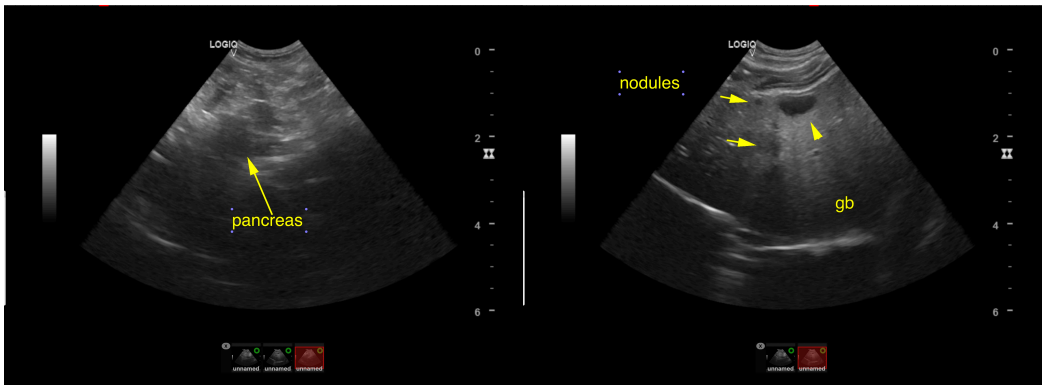

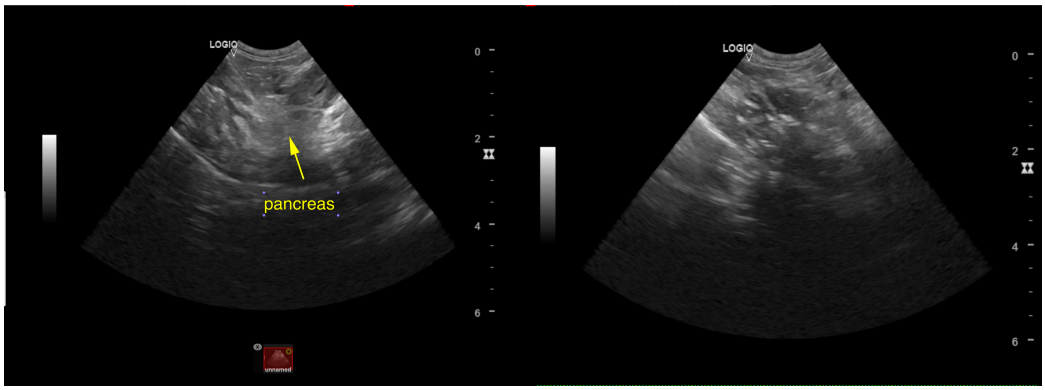

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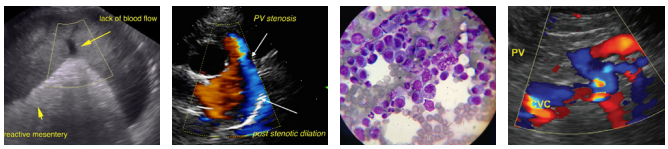

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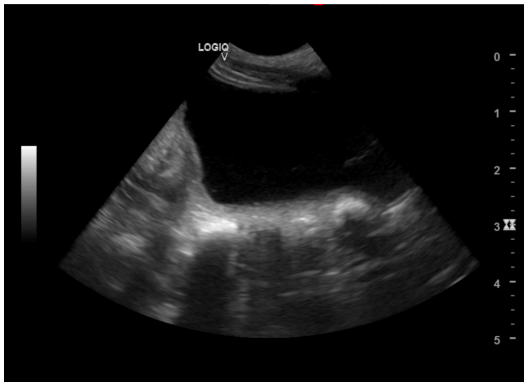

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com